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SIPDIS

AFR/SA FOR HARMON, DOBBINS
AFR/SD FOR SUKIN
AA/AFR FOR MOORE
AF/S FOR BWALCH
NSC FOR SENIOR AFRICA DIRECTOR MICHELE GAVIN

E.O. 12958: N/A

TAGS: [EAID](#) [EAGR](#) [PREL](#) [PGOV](#) [ZI](#)

SUBJECT: AMBASSADOR'S CALL ON ZIM MINISTER OF HEALTH AND CHILD
WELFARE

SUMMARY

11. Summary: On April 8 Ambassador paid a courtesy call on Zimbabwe's new Minister of Health and Child Welfare, Dr. Henry Madzorera. He was accompanied by USAID Mission Director Karen Freeman and CDC Country Director, Dr. Ruth Walkup. Dr. Madzorera was joined by his Permanent Secretary Dr. Gerald Gwinji and a representative of the Ministry of Foreign Affairs. The meeting was cordial and brief. The Ambassador assured Dr. Madzorera of the USG's continuing support for the health sector in Zimbabwe, particularly HIV/AIDS. Very briefly USAID and CDC provided summaries of their on-going programs in Zimbabwe. The meeting closed with a brief discussion between the Minister and Ambassador on their common interest in leadership development for Zimbabwe.
END SUMMARY.

Madzorera Bio

12. Dr. Henry Madzorera, who is a trained medical doctor, was born on March 10, 1960. The Kwekwe-based physician is married with three children. Madzorera holds an MBChB - the degrees of Bachelor of Medicine and Bachelor of Surgery. He also holds a Masters in Business Administration Degree, and a Diploma in Occupational Health. He is a member of the College of Primary Care Physicians of Zimbabwe (MCPCZ). He is also an enrolled student at the University of Zimbabwe's Masters of Public Health program which is supported by USG funds through CDC.

13. Madzorera joined the MDC in 2000. He ran and lost when he stood as the MDC's mayoral candidate for Kwekwe City in 2002. Madzorera worked as the party's district treasurer in Kwekwe from 2003 to 12006. In 2006, he was elected the party's secretary for health, a post he has held since. He was appointed Minister of Health and Child Welfare, replacing ZANU-PF's Dr. David Parirenyatwa, in February 2009.

Long Partnership and Supportive Stance

14. The Ambassador opened with an expression of support for the policies, programs, and activities of the Ministry of Health and Child Welfare (MOHCW). The USG has worked broadly with the MOHCW for many years but has for the past several years primarily supported programs in HIV/AIDS with annual programming exceeding US\$60 million which includes ARV coverage for 40,000 people. The Minister outlined the current health situation and in particular the problems presented by a lack of investment in the health system, the brain drain from the sector, staff retention issues, and the current

cholera crisis facing the nation. He said that since assuming his post he has spent most of his time trying to get a clearer picture of the Ministry and its staff as well as the health systems and the current emergency. He said that he was well aware of the extensive support of the U.S. and looked forward to continued partnership. The Ambassador said that it was the USG's intent to support MOHCW programs, not to create new or parallel ones. Furthermore, he said that we understood that given the rising interest in Zimbabwe by donors and funded NGOs, the immediate future of health care assistance could be chaotic - without express planning and determination by the MOHCW and other Ministries.

Beyond HIV/AIDS

¶5. The Ambassador went on to say that although our programs have been largely focused on HIV/AIDS, USG programs actually support more areas. Dr. Walkup explained how CDC laboratory support cuts across Qareas. Dr. Walkup explained how CDC laboratory support cuts across diseases. She offered that CDC can also facilitate short- or medium-term specific health systems strengthening assistance to MOHCW staff. This would be in the form of specialists who would work directly with MOHCW staff.

¶6. The Ambassador noted that we have new funding this year in measles and TB, and increases in family planning funding. Ms. Freeman added that USAID has had a long partnership with the Ministry and its very competent staff. She emphasized that U.S. assistance has always been systems-based and would continue to be so in order to support the very strong planning framework of the MOHCW. That said, in addition to the Ambassador's list, malaria support had also been added this year in support of the MOHCW plans. She

HARARE 00000324 002 OF 002

said that the USAID Mission is in the process of transition planning which includes expansion in the area of general health and that they would welcome the Minister and his staff's input.

¶7. The Ambassador turned the conversation to the Global Fund and expressed the USG's concern that the Fund represented a huge resource that needed to be managed carefully. The Minister acknowledged that this was a great resource and that he had met with the Global Fund representatives recently. The Ambassador informed the Minister that the USG has been an active participant in the Country Coordinating Mechanism (CCM) as a donor representative and would continue to be so.

¶8. The meeting closed with a cordial exchange between the Ambassador and the Minister on their mutual interest in youth and leadership in Zimbabwe. The Minister reiterated how much he welcomed the partnership of the United States and that he looked forward to working with USAID and CDC.

¶9. COMMENT: Accompanied by several "minders" Minister Madzorera said very little but clearly was aware of the past contribution of USG health programs. Madzorera's Permanent Secretary Dr. Gwinji, was one of those put into place by ZANU-PF at the outset of the GNU and comes from the military. Although staunchly ZANU-PF, Gwinji is technically respected. Madzorera has a huge job in front of him but probably also has the most donor support of all of the Ministries. While not as polished as his predecessor, Madzorera enjoys the reputation of being an honest broker. He is expected to travel to the U.S. at the end of April on a Freedom House-sponsored trip with other members of the government. END COMMENT.

MCCEE